



Intensive Care Changes FAQs

Last updated: 21 February 2020

- This change is effective from 1 March 2020.
- A factsheet summarising what the change is, why the change has been made, how it will affect stakeholders and what they need to do is available on [MBS Online](#).
- More information about the change is provided below, in response to frequently asked questions. If you cannot find the information you need, please contact the Department of Health at askMBS@health.gov.au.
- To subscribe to future MBS Online updates, visit www.mbsonline.gov.au and click 'Subscribe'.

Why are the changes being made?

On 1 March 2020, Medicare Benefits Schedule (MBS) items for intensive care services will be changing to reflect contemporary clinical practice. These changes are a result of the MBS Review Taskforce recommendations and consultation with stakeholders.

The MBS Review Taskforce found that changes to intensive care services were required to clarify existing MBS items, encourage best practice, support patient care and safety, and ensure MBS services provide value to the patient and the healthcare system.

These changes are a result of a review by the MBS Review Taskforce, which was informed by the Intensive Care and Emergency Medicine (ICEM) Clinical Committee and extensive discussion with key stakeholders. More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the Department of Health website (www.health.gov.au).

For information about the changes to emergency medicine items arising from the MBS Review, please refer to the emergency medicine communications material on the [MBS Online](#) website.

How have these changes been communicated to stakeholders?

Prior to the 1 March 2020 listing, the Department circulated communication materials (including factsheets about the changes) to relevant professional groups and encouraged dissemination of these materials to other members and fellows. Information was also made available through the MBS website (www.mbsonline.gov.au).

Claiming intensive care services from 1 March 2020

Will the new intensive care item structure be implemented retrospectively or prospectively?

The new MBS intensive care items and amendments to existing items will be implemented prospectively from 1 March 2020. Clinicians should continue to provide services according to best practice using the item number that best describes the indication for the procedure.



Why have the differential fees for items 13847 and 13848 been removed?

Items 13847 and 13848 are for the management of counterpulsation by intraaortic balloon. Although the items are for the same service, the items have a differential fee for services performed on the first day (item 13847) and services performed on the second and subsequent days (item 13848).

The MBS Review Taskforce recommended removing this distinction as there is no significant difference in the amount of clinical input required on the first day to subsequent days. Therefore, item 13847 has been deleted and item 13848 has been amended to apply to management of counterpulsation by intraaortic balloon on any day, including the first.

Clinicians who insert intraaortic balloon pumps should claim existing item 38609.

Why have items 13851 and 13854 been amended from management of circulatory support devices to ventricular assist devices?

Items 13851 and 13854 were originally introduced to cover management of ventricular assist devices. However, the items were vaguely worded and were used to cover extracorporeal membrane oxygenation services. Items 13851 and 13854 have been updated to clearly refer to the intended service of managing ventricular assist devices.

Six new MBS items have been introduced to bill extracorporeal life support services (items 13832, 13834, 13835, 13837, 13838 and 13840).

Other circulatory support devices, such as intraaortic balloon pumps, should be billed under item 13848.

Which items should I bill for extracorporeal life support services performed after 1 March 2020?

Extracorporeal life support services are to be billed under the new MBS items 13832, 13834 and 13835 for veno-arterial cardiopulmonary extracorporeal life support and items 13837, 13838 and 13840 for veno-venous pulmonary extracorporeal life support. The item fees reflect the level of complexity and risk required to deliver these services.

How do I determine patient eligibility for the new Goals of Care item (13899)?

The new goals of care item 13899 is applicable to patients who are 'gravely ill and lacking current goals of care' as defined under the *Health Insurance (General Medical Services Table) Regulations*.

Patients with existing goals of care plans are eligible if such records cannot be readily be retrieved by medical practitioners; or if their condition has changed to the point the record does not reflect the patient's current medical condition and it is reasonable for new goals of care to be developed.

Benefits are paid only once per patient admission (including instances of use of corresponding emergency medicine goals of care items 5039, 5041, 5042 and 5044), unless precipitated by a subsequent ICU referral or Cardiac Arrest/Medical Emergency Team call where the clinical circumstances change substantively with a resultant expectation that the original goals of care require amendment.

Item 13899 should not be claimed where the goals of care are defined only in relation to a sub-set of the patient's major issues.



Is there an explanatory note for the new Goals of Care item 13899?

Yes. Explanatory Note TN.1.11 provides additional guidance on the service requirements for the use of item 13899. The definitions referred to in the notes for 'gravely ill patient' and 'preparation of goals of care' are provided in the explanatory notes and the *Health Insurance (General Medical Services Table) Regulations*.

Are there any changes to existing items 13870, 13873 and 13876 for services provided in an intensive care unit?

No. The MBS Review Taskforce found that the intensive care daily management items (13870 and 13873) and the invasive pressure monitoring item (13876) reflect contemporary intensive care practice and these items remain unchanged.

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.